

The National Correct Coding Initiative & The Physician Fee Schedule Relative Value Files

Wisconsin Physicians Service
WPS Medicare
Provider Outreach & Education
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The National Correct Coding Initiative (NCCI)

- The Centers for Medicare & Medicaid Services (CMS) developed NCCI
- NCCI Edit Process

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The National Correct Coding Initiative (NCCI)

- Some codes are bundled and are not separately payable under certain circumstances
 - Same provider (or same specialty and same group)
 - Same date of service
 - Same beneficiary

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NCCI Edits

- There are 2 types of NCCI Edits
 - Column 1/Column 2
 - Column 1 code payable, column 2 code bundled
 - Mutually Exclusive
 - Code in column 1 payable, code in column 2 excluded

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NCCI Indicators

- 0 – Always denied, no modifier that is allowed to be used with a code with this indicator
- 1 – Could be paid with appropriate modifier
- 9 – NCCI edits do not apply

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Use of Modifiers

When certain component codes or mutually exclusive codes are appropriately furnished, such as later on the same day or on a different digit or limb, it is appropriate to report the services using a modifier.

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NCCI Modifiers

- Modifier 25
 - Significant, separately identifiable evaluation and management (E/M) service by the same physician* on the day of a procedure
- Modifier 58
 - Indicates a staged or related procedure or service by the same physician during the postoperative period

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NCCI Modifiers

- Modifier 59
 - Distinct Procedural Service identifies procedures/services not normally reported together, but appropriately billable under the circumstances.

CMS Modifier 59 article –
http://www.cms.hhs.gov/NationalCorrectCodInitEd/01_overview

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NCCI Modifiers

- Modifier 78
 - Indicates the return to an operating room for a related procedure during the post-operative period
- Modifier 79
 - Unrelated procedure by the same physician during the post-operative period

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NCCI Modifiers

- Modifier 91
 - Repeat clinical diagnostic laboratory tests
- Other Modifiers
 - E1-E4
 - FA
 - F1-F9
 - TA
 - T1-T9
 - LT & RT

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Where to Obtain the NCCI Codes/Edits

- CMS NCCI Edits – Physicians
<http://www.cms.hhs.gov/NationalCorrectCodInitEd/>
- National Technical Information Service (NTIS) Website
<http://www.ntis.gov/products/cci.aspx>
- National Technical Information Service (NTIS) Toll-free Telephone Number
1-800-363-2068 or 703-605-6060

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Concerns with an NCCI Code Pair


Submit concerns about specific NCCI edits, in writing to:

National Correct Coding Initiative
Correct Coding Solutions LLC
P.O. Box 907
Carmel, IN 46082-0907

Attention: Niles R. Rosen, M.D., Medical Director
and Linda S. Dietz, RHIA, CCS, CCS-P, Coding Specialist

Fax #: 317-571-1745


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The Physician Fee Schedule Relative Value Files

- Basis of payment under Medicare Part B
- Useful tool for your office
 - Indicators are the key


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Indicators

- Code Status
- Relative Value Units (RVUs)
- Professional Component/Technical Component (PC/TC)
- Global Surgery Periods

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Indicators

- Surgery Indicators
 - Multiple and Bilateral Surgery
 - Team and Co-surgery
 - Assist at Surgery

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Example

■ Procedure 66984

- Code Status
- PC/TC Indicator (Professional Component/Technical Component)
- Global Period
- Surgery Indicators

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Example

■ Procedure 70545

- Code Status
- TC/26 Modifier Indicator

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Where to Obtain the Relative Value Files

■ CMS Website

<http://www.cms.hhs.gov/PhysicianFeeSched/PFSRVF/list.asp>

■ Freedom of Information

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WPS Medicare Educational Opportunities

- Seminars
- Mediasite (Live or Recorded Sessions)
- On-line Tutorials – Computer Based Training (CBT) Modules (includes Quick Tips, Short and Long Presentations)
- Teleconferences
- Ask the Contractor Teleconferences (ACTs)
- Website (www.wpsmedicare.com)
- Medicare e-News (Listserv)
- Provider Services

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QUESTIONS



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**THANK YOU FOR
ATTENDING!**

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■ **DISCLAIMER**

The information presented and responses to the questions posed are not intended to serve as coding or legal advice. Many variables affect coding decisions and any response to the limited information provided in a question is intended only to provide general information that might be considered in resolving coding issues. All coding must be considered on a case-by-case basis and must be supported by appropriate documentation in the medical record. The CPT codes that are utilized in coding claims are produced and copyrighted by the American Medical Association (AMA). Specific questions regarding the use of CPT codes may be directed to the AMA.
